

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>04-07-94</u>		2 Serial/Patent # <u>07 939,834</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing		<u>09/03/93</u>	\$ <u>510.00</u>							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>510.00</u>							
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>5</td><td>--</td><td>0</td><td>0</td><td>3</td><td>0</td> </tr> </table>		1	5	--	0	0	3	0
1	5	--	0	0	3	0				
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>DORA STROUD</u>		TITLE: <u>Lead Legal En.</u>								
SIGNATURE: <u>Dora Stroud</u>		PHONE: <u>308-1202</u>								
OFFICE: <u>ONAR-0300</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Mark S. [Signature]</u>		DATE: <u>4/13/94</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: